FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	FORM 1 ORGANIZATION (See instructions)										
					Office use of	nly					
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Exar over	nple: If typying the lines	g, type	12FE	4M5	-			
OHIO REPUB	LICAN PARTY ST	ATE CENTRAL &	EXEC	TIVE CON	MITTEE						
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ADDRESS (number and	211 S	S. Fifth Street									Ш
(Check if add	ress									Ш	Ш
is changed)	Columbus						L	432	215		Ш
COMMITTEE'S E-MA	AL ADDRESS		CITY			STATE	•	Z	IP CODE	•	
tlmgwm@aol											. 1
COMMITTEE'S WEE	PAGE ADDRESS (U	<u> </u>		1 1 1 11							
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COMMITTEE'S FAX 6142281093 2. DATE M 0.8	M / D D / Y										
3. FEC IDENTIFIC	ATION NUMBER	C	C COO	162339]					
4. IS THIS STATE	MENT NEW	(N) OR	Х	AMEND	PED (A)	4					
I certify that I have exam	nined this Statement and	to the best of my know	vledge an	d belief it is tru	e, correct an	d complet	Э				
Type or Print Name or	f Treasurer	ls. Sara Brown									
Signature of Treasure	_{er} Electronically File	d by Ms. Sara B	rown			Date	1 0	/ D 0	2 / Y	žo	0 8
NOTE: Submission of fa	alse, erroneous, or incon	nplete information may						es of 2 U.S	S.C. S437	'g.	
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